

ENROLLMENT REQUEST

HRDC/OED 1130 N. 22nd Ave., Phoenix, AZ 85009---MD 069R---602-712-7613 (FAX 602-256-7648)

To register for courses **without a fee**, e-mail your request to your **Training Coordinator**. **If there is a fee for the course**, please fill out this form completely and fax to HRDC Training. All enrollments on a first come, first served basis.

CANCELLATION PROCEDURE:

- Computer classes: **10 business** days prior to the class
- All other classes 3 business days prior to the class
- NOTE: Your org will be charged for no-shows, substitutes are encouraged.

COMPUTER CLASSES

Each four (4) hour class is **\$50.00** billed to the participant's ORG. Also note: there are prerequisites for some of the classes, i.e. need to take the intro before intermediate; intermediate before advanced, etc., and must have the software on your computer and be using the software on a daily basis for at least 2 weeks. **Your supervisor must complete and sign all information in the supervisor's section at the bottom of this form.**

PLEASE PRINT CLEARLY OR TYPE. All information is required to process your enrollment.

Name _____ Date _____

EIN _____ Work Location _____

Org _____ Phone _____ Fax _____

COURSE DATE	TIME	COURSE NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Training will be held at HRDC, 1130 N. 22ND Avenue – Unless otherwise noted.

SUPERVISOR: Please complete and sign information below for all fee classes.

By signing this form, I agree to pay \$_____ per course, for the date(s) which we have reserved. The above training date(s) have been reserved specifically for the above employee. I authorize the Accounting Department to transfer from ORG _____ TO ORG 0095 (A5659) grand total \$_____.

Print Supervisor's Name

Phone#

Supervisor's Signature

FOR OED/HRDC USE ONLY

You have been scheduled for the above course(s).*

Class is filled.

COMMENTS: